

COMMITTEE ON PUBLIC POLICY

REPORT OF THE CHAIRMAN, 1969

IN this the second year since its creation, your Committee on Public Policy believes that it still is not functioning in a fashion satisfactory to its own expectation nor probably to that of the Governing Council. Charged with the responsibility of prescience at best, or at least the ability to devise solutions to health problems which vex the nation as never before, the members, individually and corporately, confess to a fatal weakness—we are human. But in serious contemplation as to ways in which your committee can be made a more viable element of the Association's total effort, we have decided and wish now to apprise the Council of our intention to meet at the time of the 1969 Annual Convention and, after the Council has worked its will on policy statements and resolutions, to map an action program for the succeeding year to see that policy implementation is enhanced. This step is proposed to improve the ability of APHA to make its voice heard and to affect the policy-making procedure in a fashion that will benefit the health of the American people.

This innovation should not be construed as a denunciation of past and present efforts. Review of both the efforts and the effect of those efforts by APHA on the national health administration and legislation scenes will reveal an ever increasing degree of activity and some gratifying results. The level of activity during 1969 is greater than ever before. APHA views and suggestions, expressed both through personal appearance and written communications, have been proffered on 26 occasions to House

and Senate Committees considering health legislation. Eight additional communications have presented APHA's positions to officials of the Executive Branch on items such as the shipment of lethal gases for ocean disposal, cigarette advertising, environmental quality and the 1970 census.

Your committee again is proposing a policy statement this year, general in nature, but appropriate to APHA's specific interests. Dealing with the necessity for a reorientation of our national priorities, the statement is being circulated to the total APHA membership in draft form, as was last year's on Poverty and Health. The committee hopes that it will receive comments from members as helpful as was the case one year ago. A complementary proposal will probably be placed before you for consideration at the Philadelphia meeting, this to deal with the need to reorder the priorities of our present health system.

Many improvements are possible. As stated previously, your committee is cognizant of at least some of its shortcomings and it is attempting to effectuate remedial procedures. The committee admits, however, to a degree of confusion in respect to certain past occurrences and to the something less than well-ordered Association procedure for processing policy proposals. The committee has no desire to stifle interest, conviction, much needed talent and ideas, but it is concerned about the present lack in the state of the art of developing carefully thought out, thoroughly considered, and well-written policy. The committee is confident that in each instance the

motives are beyond question. The committee concedes that there have been and there will be future occasions when a position will be necessary immediately and that the occasion will require a course of action other than due process. With policy considerations a prerogative of PAC, TDB, CPP, and the Executive Board, it is not surprising that there is frequent confusion and an occasional lack of quality and coordination in APHA's policy record.

The problem the committee sees, relative to the confusion of APHA's system of processing policy proposals, can be illustrated by the following example. When we were shown, for our information, four separate drafts from four APHA entities, proposals directed to improvement of the delivery of health services, the committee members present were unanimously critical of the lack of quality of phraseology, the inconsistencies of the proposals from the espoused predicates, and the inappropriate admix-

ture of policy with procedures or guidelines. It is hoped that this problem will receive careful attention as the Governing Council considers and acts on CAFOR organizational recommendations.

These observations are offered with the hope that they can contribute to a better APHA and that they will be considered in that same light. Your committee intends that these observations be consistent with its responsibility and stands ready to be of assistance as directed by the Governing Council.

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Report of the chairman of the Committee on Public Policy to the Governing Council of the American Public Health Association at the Ninety-Seventh Annual Meeting in Philadelphia, Pa., November 12, 1969.